

(REFERENCE COPY - Not for submission)

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

File Number: 0000171278 | Submit Date: 2021-11-24 | FRN: 0019985605

Purpose: Commercial Broadcast Stations Biennial Ownership Report Status: Received Status Date: 11/24/2021

Filing Status: Active

Section I - General Information

1. Respondent

FRN	Entity Name
0027140441	WSFM Foundation

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
11645 Angus Road St A-3	Austin	ТХ	78759	+1 (512) 695- 0293	wade@msstx. us

2. Contact Representative

Name	Organization	
Mark Denbo	Smithwick & Belendiuk, P.C.	

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
5028 Wisconsin Avenue, N.W. Suite 301	Washington	DC	20016	+1 (202) 350-9656	mdenbo@fccworld.com

3. Application Filing Fee

Not Applicable

4. Nature of Respondent

(a) Provide the following information about the Respondent:				
Relationship to stations/permits	Entity required to file a Form 323 because it holds an attributable interest in one or more Licensees			
Nature of Respondent	Other Foundation			

(b) Provide the following information about this report:				
Purpose Biennial				
"As of" date	10/01/2021			
	When filing a biennial ownership report or validating and resubmitting a prior biennial ownership report, this date must be Oct. 1 of the year in which this report is filed.			

5. Licensee(s) and Station(s)

Respondent is filing this report to cover the following Licensee(s) and station(s):

Licensee/Permittee Name	FRN
Star City Broadcasting, LLC	0025662966

Fac. ID No.	Call Sign	City	State	Service
6336	WBPE	BROOKSTON	IN	FM
21512	WSHY	LAFAYETTE	IN	AM
68970	WAZY-FM	LAFAYETTE	IN	FM
68985	WYCM	ATTICA	IN	FM
184193	WPBI-LD	LAFAYETTE	IN	LPD
184197	WPBY-LD	LAFAYETTE	IN	LPD

Licensee/Permittee Name	FRN	
WMDN-TV, LLC	0019985605	

Fac. ID No.	Call Sign	City	State	Service
73255	WMDN	MERIDIAN	MS	DTV

Licensee/Permittee Name	FRN
Jonesboro TV, LLC	0023903685

Fac. ID No.	Call Sign	City	State	Service
60836	KJNE-LD	JONESBORO	AR	LPT
187271	KJNB-LD	JONESBORO	AR	LPD

Lice	ensee/Permittee Name	FRN
WH	IPM-TV, LLC	0020713533

Fac. ID No.	Call Sign	City	State	Service
127263	WHPM-LD	HATTIESBURG	MS	LPD

Licensee/Permittee Name	FRN
Sagamorehill of Jackson, LLC	0025456534

Fac. ID No.	Call Sign	City	State	Service	
185218	WNBJ-LD	JACKSON	TN	LPD	

Section II – Biennial Ownership Information

Documents

disclosed by the licensee of the brokering station on its ownership report. If the agreement is an attributable LMA, an attributable JSA, or a network affiliation agreement, check the appropriate box. Otherwise, select "Other." Non-Licensee Respondents, as well as Licensee Respondents that only hold authorizations for Class A television and/or low power television stations, should select "Not Applicable" in response to this question.

Not Applicable.

2. Ownership Interests

(a) Ownership Interests. This Question requires Respondents to enter detailed information about ownership interests by generating a series of subforms. Answer each question on each subform. The first subform listing should be for the Respondent itself. If the Respondent is not a natural person, also list each of the officers, directors, stockholders, non-insulated partners, non-insulated members, and any other persons or entities with a direct attributable interest in the Respondent pursuant to the standards set forth in 47 C.F.R. Section 73.3555. (A "direct" interest is one that is not held through any intervening companies or entities.) List each interest holder with a direct attributable interest in the Respondent separately.

Leave the percentage of total assets (Equity Debt Plus) field blank for an interest holder unless that interest holder has an attributable interest in the Respondent solely on the basis of the Commission's Equity Debt Plus attribution standard, 47 C.F.R. Section 73.3555, Note 2(i).

In the case of vertical or indirect ownership structures, list only those interests in the Respondent that also represent an attributable interest in the Licensee(s) for which the report is being submitted.

Entities that are part of an organizational structure that includes holding companies or other forms of indirect ownership must file separate ownership reports. In such a structure do not report, or file a separate report for, any interest holder that does not have an attributable interest in the Licensee(s) for which the report is being submitted.

Please see the Instructions for further detail concerning interests that must be reported in response to this question.

The Respondent must provide an FCC Registration Number for each interest holder reported in response to this question. Please see the Instructions for detailed information and guidance concerning this requirement.

Ownership Information					
FRN	0027140441	0027140441			
Entity Name	WSFM Foundation				
Address	РО Вох				
	Street 1	11645 Angus Road			
	Street 2	St A-3	St A-3		
	City	Austin			
	State ("NA" if non-U.S. address)	TX			
	Zip/Postal Code	78759			
	Country (if non-U.S. address)	United States			
Listing Type	Respondent				
Positional Interests (check all that apply)	Respondent				
Tribal Nation or Tribal Entity	Interest holder is not a Tribal	nation or Tribal entity			
Interest Percentages (enter percentage values	Voting	0.0%	Jointly Held? No		
from 0.0 to 100.0)	Equity	0.0%	·		
	Total assets (Equity Debt Plus)	0.0%			

Ownership Information				
FRN	0019277235	0019277235		
Name	Wade Threadgill	Wade Threadgill		
Address	PO Box			
	Street 1	11645 Angus Road		
	Street 2	St A-3		
	City	Austin		
	State ("NA" if non-U.S. address)	TX		
	Zip/Postal Code	78759		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Director			
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Male		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White	White	
Interest Percentages (enter percentage values	Voting	25.0%	Jointly Held? No	
from 0.0 to 100.0)	Equity	0.0%		
	Total assets (Equity Debt Plus)	0.0%		
Does interest holder have a	an attributable interest in one o	r more broadcast stations	No	

Ownership Information			
FRN	0019277227		
Name	Sharlyn Threadgill	Sharlyn Threadgill	
Address	PO Box		
	Street 1 11645 Angus Road		
	Street 2	St A-3	
	City Austin		
	State ("NA" if non-U.S. address)	TX	
	Zip/Postal Code	78759	
	Country (if non-U.S. address) United States		
Listing Type	Other Interest Holder		

Positional Interests (check all that apply)	Director		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Female	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values	Voting	25.0%	Jointly Held? No
from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have that do not appear on this	an attributable interest in one creport?	or more broadcast stations	No

Ownership Information			
FRN	9990119576		
Name	Forrest Threadgill		
Address	PO Box		
	Street 1	11645 Angus Road	
	Street 2	St A-3	
	City	Austin	
	State ("NA" if non-U.S. address)	TX	
	Zip/Postal Code	78759	
Country (if non-U.S. United State address)		United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Director		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values	Voting	25.0%	Jointly Held? No
from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have a that do not appear on this i	an attributable interest in one o	r more broadcast stations	No

FRN	9990119583			
Name	Morgan Threadgill			
Address	PO Box			
	Street 1	11645 Angus Road		
	Street 2	St A-3		
	City	Austin		
	State ("NA" if non-U.S. address)	TX		
	Zip/Postal Code	78759		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Director			
Citizenship, Gender, Ethnicity, and Race	Citizenship	US		
Information (Natural	Gender	Female		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages (enter percentage values	Voting	25.0%	Jointly Held? No	
from 0.0 to 100.0)	Equity	0.0%		
Total assets (Equity Debt Plus)		0.0%		
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?			No	
	t any interests, including equi is filing are non-attributable. n explanation.	ty, financial, or voting	Yes	

(c) Does the Respondent or any reported interest holder hold an attributable interest in any newspaper entities in the same market as any station for which this report is filed, as defined in 47 C.F.R. Section 73.3555?

If "Yes," provide information describing the interest(s), using EITHER the subform OR the spreadsheet option below. Respondents with a large number (50 or more) of entries to submit should use the spreadsheet option.

NOTE: Spreadsheets must be submitted in a special XML Spreadsheet format with the appropriate structure that is specified in the documentation. For instructions on how to use the spreadsheet option to complete this question (including templates to start with), please Click Here.

If using the subform, leave the percentage of total assets (Equity Debt Plus) field blank for an interest holder unless that interest holder has an attributable interest in the newspaper entity solely on the basis of the Commission's Equity Debt Plus attribution standard, 47 C.F.R. Section 73.3555, Note 2(i). If using an XML Spreadsheet, enter "NA" into the percentage of total assets (Equity Debt Plus) field for an interest holder unless that interest holder has an attributable interest in the newspaper entity solely on the basis of the Commission's Equity Debt Plus attribution standard.

The Respondent must provide an FCC Registration Number for each interest holder reported in response to this question. Please see the Instructions for detailed information and guidance concerning this requirement.

No

(d) Are any of the individuals listed as an attributable interest holder in the Respondent married to each other or related to each other as parentchild or as siblings?

Yes

If "Yes," provide the following information for each such the relationship.

Family Relationships				
FRN	9990119583	Name	Morgan Threadgill	
FRN	9990119576	Name	Forrest Threadgill	
Relationship	Siblings			

Family Relationships				
FRN	0019277227	Name	Sharlyn Threadgill	
FRN	9990119576	Name	Forrest Threadgill	
Relationship	Parent/Child			

Family Relationships			
FRN	0019277235	Name	Wade Threadgill
FRN	9990119576	Name	Forrest Threadgill
Relationship	Parent/Child		

Family Relationships			
FRN	0019277227	Name	Sharlyn Threadgill
FRN	9990119583	Name	Morgan Threadgill
Relationship	Parent/Child		

Family Relationships			
FRN	0019277235	Name	Wade Threadgill
FRN	9990119583	Name	Morgan Threadgill
Relationship	Parent/Child		

Family Relationships			
FRN	0019277235	Name	Wade Threadgill
FRN	0019277227	Name	Sharlyn Threadgill
Relationship	Spouses		

(e) Is Respondent seeking an attribution exemption for any officer or director with
duties wholly unrelated to the Licensee(s)?

No

If "Yes," complete the information in the required fields and submit an Exhibit fully describing that individual's duties and responsibilities, and explaining why that individual should not be attributed an interest.

Certification

Section	Question	Response
Authorized Party to Sign	WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND /OR REVOCATION OF ANY STATION LICENSEOR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).	
Certification	I certify that I have examined this report and that to the best of my knowledge and belief, all statements in this report are true, correct and complete.	Official Title: Director Exact Legal Title or Name of Respondent: WSFM Foundation Name: Wade Threadgill Phone: 5126950293 11/24/2021